

**STATE INTERAGENCY COORDINATING COUNCIL ON EARLY INTERVENTION
EXECUTIVE COMMITTEE INTERIM MEETING NOTES
June 25, 2008**

MEMBERS PRESENT:

Jim Bellotti, Designee for Superintendent (CDE)
Arleen Downing, M.D.
Gretchen Hester
Rick Ingraham, Designee for the Director (DDS)
Beverly Morgan-Sandoz
Raymond M. Peterson, M.D. , ICC Chair
Theresa Rossini, Co-Chair ICC

OTHERS PRESENT:

Kevin Brown, ICC Manager
Stacie Byrne-Reed, ICC Coordinator
Suzanne Del Sarto, DDS
Michelle Donahue, DDS
Peter Guerrero, WestEd
Michael Miguelgorry, DDS
Stephanie Myers, WestEd
Erin Paulsen, DDS
Stephanie Pringle-Fox
Elissa Provance, WestEd, Recorder
Virginia Reynolds, WestEd
Patric Widmann, ICC Supervisor

WELCOME AND INTRODUCTIONS:

Theresa Rossini called the meeting to order at 10:00 a.m. followed by self-introductions of all participants.

REVIEW OF MEETING PROCESS:

Theresa Rossini reviewed the purpose and the process of the meeting and referred to the list of the ICC's 2008 Proposed Recommendations (Attachment B). The order of recommendations review by committee was revised to ensure the arrival of Stephanie Pringle-Fox representing the Public Awareness Committee.

Theresa indicated that there were 27 recommendations to be reviewed with a time limit of 10 minutes each for discussion, including the approval process. As

the recommendations were to be submitted by the ICC to the Lead Agency, she also proposed that the language format on the recommendations would change from “the “subcommittee recommends....” to “The ICC recommends.....”. The change was agreed to by all participants.

ADJOURNMENT

The meeting was adjourned at 3:00 p.m.

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General: look at OSEP requirements in relationship to all recommendations. September meeting: starts with committee meetings to review the documents. Executive Committee to meet in the afternoon to review all material. Action Item in November. Change to ICC Recommends.

Priority:

OUTREACH TO HEALTH CARE PROFESSIONALS

Measurable Outcome:

Early Start products and materials will increase access to support services as evidenced by increased early and appropriate referrals by targeted health care providers to regional centers, local education agencies and family resource centers.

Recommendations:

		FRSC	ISHC	PAC	QSDS	Status
O-1	The ICC recommends that a dissemination plan be developed by DDS, with input from PAC, for distribution of <i>The Primary Health Care Provider's Role in Early Intervention</i> and other Early Start materials to address potential referral sources that may be under-identifying young children, specifically those between 12-24 months of age.			*		How do you measure effect re dissemination? Through data on physician referrals.

* Developed Recommendation

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	Recommendations (continued):	FRSC	ISHC	PAC	OSDS	Status
O-2	The ICC recommends that DDS provide ongoing reports and/or data to PAC including information from monitoring visits, child find efforts, primary referral sources, physician referrals, percentages served, languages spoken, Baby Line calls and other information to identify promising early entry strategies for program improvements.			*		Reason was to see who is doing well throughout the state. Monitoring don't necessarily related to physician referral. Reports describe services and allows for comparison and identification.
O-3	The ICC recommends that the State of California home page and websites at partner State Departments and other entities, including but not limited to, Head Start/Early Head Start, regional centers and local education agencies, have a link to the Early Start home page housed on the DDS website with a clear message that also identifies Early Start. (EE-7 2005)			*		Consistent tagline might be "Are you concerned about your child's development?" The site also needs to name Early Start. Protocol from partner agencies may make implementation difficult.
O-4	The ICC recommends that PAC be responsible for reviewing all Early Start outreach products and activities and advising DDS regarding the content and dissemination of future Public Awareness materials and child find efforts to ensure maximum benefits from all Public Awareness and child find efforts.			*		Meeting schedule impacted completing work in a timely manner. Workgroups also had committee representation to provide input and to share information with their committees as well as get input from committees.

* Developed Recommendation

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Priority:

Supports and services to enhance social, emotional, and behavioral development of children birth to three and their families

Measurable Outcome:

To ensure that parental concerns regarding the social, emotional and behavioral development of their infants and toddlers are appropriately addressed, the QSDS Committee recommends that by 2010, 100% of children's records reviewed through ES monitoring will show that 1) service providers/coordinators recognize social-emotional-behavioral concerns that have been identified through family interview and a norm-referenced screening or assessment tool implemented upon referral and annually throughout the period of eligibility for Early Start service, and 2) service providers/coordinators appropriately respond to the concerns that have been identified.

General questions: What is the timeline? How is success/effectiveness of ICC determined? When do we move forward with other objectives? No timeline for 2005 recommendations.

Recommendations:

FRSC	ISHC	PAC	QSDS	Status
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* Developed Recommendation

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	Recommendations (continued):	FRSC	ISHC	PAC	QSDS	Status
S-1	The ICC recommends that DDS identify and evaluate reliable and appropriate screening and assessment tools, i.e., norm-referenced and focused on the correct population (young children, birth-3, with disabilities or at-risk conditions), that address social, emotional and behavioral development of infants and toddlers.				X	Upon identification, DDS will recommend their use. Screening is universal; assessment is focused. (Appropriate screening tools will lead to potential assessment.) Starting point for identification is existing compendium of screening tools that would need to be updated. Concern about ability to assess social-emotional development. Re timeline/measuring success, if DDS reports to ICC that based on monitoring visits, it was determined that there is recognition of social-emotional and behavioral issues that result in action, it is an indication that recommendation was acted upon. If it is understood that a response is requested by 2010 as indicated in the measurable objective, that is an acceptable timeline.
S-2	The ICC recommends that DDS infuse Core Provider infant family mental health competencies, as identified in the 2008 ESPM revision, into Early Start CSPD training institutes. Curriculum content on social-emotional-behavioral development will include: <ul style="list-style-type: none"> • How to provide anticipatory developmental guidance • How to recognize and respond to social, emotional and behavioral concerns as these relate to parental concerns. 				X	2008 ESPM revision is not completed; however, December deadline is anticipated in order to infuse competencies into future CSPD institutes (by 2010) following ICC approval.

* Developed Recommendation

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Recommendations (continued):		FRSC	ISHC	PAC	QSDS	Status
S-3	The ICC recommends that DDS complete a profile of partner agency services and supports relating to screening, referral, intervention and treatment offered to families who express concern regarding the social, emotional and behavioral development of their infants and toddlers.				X	Desired information is to see what each agency provides related to screening, referral, etc. to be used as a resource.
S-4	The ICC recommends that DDS develop strategies to cross-train state and local Early Start partner agencies about services and supports available for parents who express concern about the social, emotional and behavioral development of their infants and toddlers.				X	S3-4 related to recognition of Early Start being interagency and multidisciplinary. Recognizes collaborative partnering, i.e., CAPTA training, Medi-Cal screening for social-emotional development. Agencies have related requirements re screening, assessment and/or services. Training may be targeted to current institute participants, not creating a new way for institutes to be put together, or separate training such as CAPTA.
S-5	The ICC recommends that DDS compile and track data about social-emotional and behavioral functioning via processes such as ES monitoring, for example: <ul style="list-style-type: none"> • Add item/s to self-review, record review checklists, etc. • Establish baseline • Analyze/track progress 				X	Lines up with child outcome data.

* Developed Recommendation

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	Recommendations (continued):	FRSC	ISHC	PAC	QSDS	Status
S- 6	The ICC recommends that DDS, in coordination with the QSDS Committee, collaborate with the First 5 Association to review and disseminate materials appropriate for Early Start.			X	X	First 5 County Commission Association has a project re social-emotional development. QSDS is requesting a mechanism, i.e., association member attending QSDS meeting, to review materials developed by workgroup appropriate to Early Start. A recommendation is not needed to extend an invitation. This particular recommendation is related to the possibility of a First 5 representative on ICC. PAC requested to collaborate on the review of materials, not dissemination.

* Developed Recommendation

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Priority:

SPECIAL HEALTH CARE NEEDS/MANAGED CARE

Measurable Outcome:

- Improve access to health care and early intervention services for eligible infants and toddlers with special health care needs by ensuring that:
- A. Reasons for delays in timely service provision for children with special health care needs enrolled in managed care programs are identified and resolved;
 - B. Records reviewed during monitoring indicate that strategies to support parent participation in activities designed to enhance their ability to meet their child's developmental needs, including respite, are discussed and included in the IFSP and that indicated service authorizations are present;
 - C. Enhanced promotion of training opportunities, information and resources related to the inclusion of children with special health care needs targeted to early care and education providers as evidenced through TTAC minutes;
 - D. All children referred with hearing loss will have an eligibility determination for Early Start within 45 days of referral; and
 - E. All ES service coordinators receive comprehensive local or regional training/workshops on comprehensive health status review practices and procedures within 18 months of hire date.

Respite also includes nursing (item B). Respite/nursing is a Lanterman service but not an EPSDT or Medi-Cal service. That is part of the training—to know which service should be provided. The issue is to give parents a break, regardless of whether there is a nursing issue. Local issue whether it's defined as a respite or nursing need. This is not currently part of monitoring. Objective is to make the review of respite needs available regardless of the child's disabling condition to identify families that need respite (not ones that have respite).

* Developed Recommendation

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Recommendations:		FRSC	ISHC	PAC	QSDS	Status
A						
H-1	<p>The ICC recommends that care coordination plans be developed or updated to increase the number of designated liaisons across the system who interface regularly with:</p> <ul style="list-style-type: none"> • Fee-for-Service Medi-Cal and Medi-Cal Managed Care providers • Local managed care collaborations focused on health care issues (i.e., roundtables, case conferences, etc.) 		X			Agencies develop the coordination plan.
H-2	<p>The ICC recommends that care coordination plans be utilized to:</p> <ul style="list-style-type: none"> • Document (e.g., survey) conflicts and delays in service provision during previous fiscal year (baseline) • Document activities (care coordination agendas/minutes/interagency agreements, etc.) • Self-monitor progress (service implementation dates following referral, changes in local procedures, etc.) • Facilitate comprehensive exchange of information between providers (i.e., send Individualized Family Service Plan to Primary Health Care Provider). 		X			Regional center responsibility, not DDS. DDS would make a recommendation to regional centers. Details need to be worked out via HIPAA laws. Content does not align to OSEP requirements.

* Developed Recommendation

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	Recommendations (continued):	FRSC	ISHC	PAC	QSDS	Status
B						
H-3	<p>With parent consent, the ICC recommends that a support services assessment, including in-home respite for all families (especially those with children with special health care needs, such as chronic health conditions, multiple medications/procedures, assistive technology, etc.) be performed annually and documented by:</p> <ul style="list-style-type: none"> • Documentation of the discussion of support needs in family assessment summaries or reports • Development of a parent support needs assessment form • Documentation of how identified parent supports are to be addressed on each IFSP • Documentation of other support services 		X			Purposely does not specify regional center or LEA—it is the Early Start system.
C						
H-4	<p>The ICC recommends that DDS request that the Training and Technical Assistance Collaborative (TTAC) consider discussing options for outreach to early care and education providers, including the promotion of inclusive practices, dissemination of publications, and other related needs for children with special health care needs.</p>		X	X		Focus should be on outreach, i.e., to TTAC. Packaged in to outcome desired and DDS take it as item for TTAC ("ICC requested that TTAC consider discussing options for outreach to early care and education providers")

* Developed Recommendation

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	Recommendations (continued):	FRSC	ISHC	PAC	QSDS	Status
D						
H-5	<p>The ICC recommends a data collection methodology be developed with CDE for establishing a baseline and for collecting and tracking referral and eligibility information on children who are identified as having hearing loss and are referred for Early Start services, including:</p> <ul style="list-style-type: none"> • Date of referral • Date of eligibility determination • Reasons for delays in eligibility determination • Documentation regarding children lost to the system following referral 		X			Jim Bellotti mentioned may not be feasible due to privacy regulations and the inability to share information. May change after July 1.

* Developed Recommendation

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	Recommendations (continued):	FRSC	ISHC	PAC	QSDS	Status
E						
H-6	<p>The ICC recommends that as an additional option to attending Early Start Institutes, Early Start CSPD local training grants be marketed to encourage local collaborative training on health status review practices and procedures to include:</p> <ul style="list-style-type: none"> • Utilizing Early Start Service Coordinator's Handbook, Section 11, The Health Status Review • Performing and documenting a comprehensive health status review • Utilizing the Health Status Review as a service coordination tool • Identifying health-related service and support needs • Developing health-related service and support outcomes • Collaborating strategies • Appropriately utilizing Generic and Other health care service providers • Exchanging information with providers (e.g., IFSP sent to PHCP) • Outreach to and disseminating information to the medical community (See QSDS recommendation IC-5). 					

* Developed Recommendation

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	Recommendations (continued):	FRSC	ISHC	PAC	QSDS	Status
H-7	The ICC recommends that agencies coordinating local or regional training/workshops on comprehensive health status review practices and procedures publish local training timetable, curricula and attendance for review during monitoring and on their website.		X			Objective is that training at the local level can be reviewed.

* Developed Recommendation

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Priority:

Supports for Children and their Families in Natural Environments as indicated by the Individualized Family Service Plan.

Measurable Outcome:

Early Intervention agency staff and families will have increased access to information on respite as a family support service provided through California Early Start and the regional center system.

Families have the opportunity to discuss awareness of respite service and use and Service Coordinators will demonstrate increased ability to assess families' respite needs.

Alternative methods of distributing the Service Coordinator's Handbook will be implemented.

Recommendations:

		FRSC	ISHC	PAC	QSDS	Status
NE-1	The ICC recommends that respite information be included in, but not be limited to, the Early Start Institutes, Service Coordinator's Handbook, FRCNCA resources, Regional Center Resources, and Family Support Guidelines.	X				
NE-2	The ICC recommends that <u>detailed</u> information about the different types of respite services be included in the Service Coordinator's Handbook as part of family support services (information may include Respite Issue paper, evidence-based practice, existing information at the local level and other pertinent information as deemed necessary).	X				Combine with NE-5.

* Developed Recommendation

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	Recommendations (continued):	FRSC	ISHC	PAC	QSDS	Status
NE-3	The ICC recommends that DDS continue to pursue alternative ways to distribute the Service Coordinator's Handbook via website and online trainings.	X				Currently under discussion.
NE-4	The ICC recommends that the varied Early Start monitoring activities include a review of processes and materials for parents to assess knowledge of respite and the usage of respite services in Early Start. This process will include parents and Service Coordinators.	X	X			Monitoring whether parents are aware of respite and that respite services are being used. Option to survey families? Data requested is, of those who are not utilizing respite, why aren't they? Unaware? They don't want it? Three data points: knowledge of the service, authorization for it, and is it being used. Then compare data.

* Developed Recommendation

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